

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588277

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | 2 | | / | | | |
| 4 | 0 | | / | | | |
| 5 | 0 | | / | | | |
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| 7 | 0 | | / | | | |
| 8 | 0 | | / | | | |
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| 13 | 3 | | / | | | |
| 14 | 0 | | / | | | |
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| TOTAL IND. | 2 | | 2 | | | |
| TOTAL DEP. | 19 | ◀ | 16 | ◀ | | |
| TOTAL CLAIMS | 21 | [REDACTED] | 18 | [REDACTED] | [REDACTED] | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | ◀ | |
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